

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
MARY ANN HERTZ,
Plaintiff,

Case Number: 08-cv-864

vs.

HUMANA HEALTH PLAN OF OHIO, LTD.,
d/b/a HUMANA INSURANCE COMPANY, et al.

Defendants.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Humana Insurance Company, incorrectly sued as Humana Health Plan of Ohio, Ltd.

NAME (Type or print) Julie F. Wall	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Julie F. Wall	
FIRM CHITTENDEN, MURDAY & NOVOTNY, LLC	
STREET ADDRESS 303 W. Madison Street, Suite 1400	
CITY/STATE/ZIP Chicago, IL 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6270783	TELEPHONE NUMBER (312) 281-3600
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	